



*Regional Centre
for Quality of
Health Care*

Counseling Mothers on Infant Feeding for the **Prevention of Mother to Child Transmission of HIV**



**A job-aid for Primary Health Care
Workers**



The Regional Centre for Quality of Health Care (RCQHC) developed this job aid with support from USAID Regional Economic Development Services Office for East and Southern Africa (REDSO/ESA).

The **purpose** of the job aid is to improve the ability of primary health care workers to counsel mothers on infant feeding for prevention of mother to child transmission of HIV (PMTCT). It incorporates guidance from the following sources:

- The Ugandan Ministry of Health's Policy Guidelines for feeding of infants and young children in the context of HIV/AIDS.
- Ministry of Health's Policy for Reduction of Mother-to-Child Transmission of HIV in Uganda.
- WHO/UNAIDS/UNICEF's HIV and Infant Feeding Counseling: A Training Course.
- RCQHC/LINKAGES "Nutrition Job aids: Regions with High HIV Prevalence", 2002.
- F. Savage King's "Helping Mothers to Breastfeed" published by AMREF 1992.
- SABA/Human Performance Technologies' guidelines for job aids development.
- Input from Infant Feeding experts in Uganda.

Acknowledgments are made to the following for their in-puts and comments on this job aid:

- Linda Bruce from PATH Washington USA (Lead Consultant)
- Ugandan Ministry of Health PMTCT infant feeding training committee.
- Ms Mary Pat Kieffer USAID/REDSO.
- Ms Peggy Henderson WHO Geneva.
- Dr Inam Chitsike WHO/AFRO Brazzaville.
- Dr Janet Kayita FHI Arlington USA.
- Dr Ruth Nduati University of Nairobi.
- Dr Dorothy Mbori-Ngacha CDC Kenya.

The comments received from the above individuals do not necessarily represent the official positions of the organizations they work for, nor do the contents of this job aid represent the official views of USAID/REDSO.

Date: March 2003

Introduction

This job aid accompanies training on infant feeding for PMTCT. It was designed to reduce formal training time and reliance on memory to perform what is expected on the job. It is written using a methodology that improves on-the-job performance of health workers. This job aid is written at the primary 6 reading level to ensure ease of reading for all levels of health care workers.

Who should use this job aid?

The job aid should be used by primary health care workers who have been trained on PMTCT and infant feeding.

When should this job aid be used?

It should be used to counsel HIV positive women or those with unknown status during antenatal and postnatal visits.

How should this job aid be used?

1. Review the entire job aid so that you are familiar with the contents in different sections.
2. Go through the section relevant to the mother you are about to counsel, just before the counseling session begins.

Note:

For a particular mother, you do not have to use all sections at a go. For example, if the mother's HIV status is unknown, use section 6 on pages 19 and 20 only.

3. Use the job aid as a counseling tool when counseling the mother, as and when necessary.

Using Good counseling techniques

- ❑ Set aside the time so as not to rush.
- ❑ Establish rapport with the mother:
 - Greet her in a kind and friendly way
 - Introduce your self
 - Ask general questions about how the mother is feeling, etc.
- ❑ Ask open questions, but also answer any from the mother.
- ❑ Listen carefully to what the mother says—counseling is a partnership.
- ❑ Use encouraging body language.
 - Facing the mother as you talk
 - Eye to eye contact
 - Nod to encourage
- ❑ Try not to give information too quickly without **really** understanding the mother's situation.
- ❑ Praise the mother for the good things she is doing.
- ❑ Re-assure her when she has concerns.
- ❑ Respond to those concerns.
- ❑ Have her repeat instructions so that you are sure she understands, and correct her where necessary.
- ❑ Support her decisions.

**SECTION 1: Helping an HIV positive mother decide
how to feed her infant**
During antenatal and postnatal visits

1. Explain the benefits of breastfeeding.
 - Contains everything a baby needs, including enough water
 - Provides antibodies and vitamins to protect baby from infections
 - Is easy, and less costly.
2. Confirm by asking mother if she knows her HIV status.
3. Explain to her that HIV can be transmitted to her child through breastfeeding.
4. Explain the risks of breastfeeding for **HIV positive** women:
 - HIV can be passed to the infant through breast milk
 - The risk of transmission of HIV is higher the longer the duration of breastfeeding.
5. Explain the risks of artificial feeding:
 - Higher risk of infections for the infant
 - No transfer of mother's protective antibodies.
 - Expensive, and, family needs fuel for boiling the water
 - If not prepared properly, child may become malnourished
 - May break confidentiality of mother's HIV status.
 - May increase stigma for the infected mother.
6. Explain that exclusive breastfeeding means only giving the baby breast milk without any other foods, drinks or water (except prescribed medications)
7. Explain that mixed feeding (giving breast milk and other foods or drink) increases the risk of transmission of HIV.
8. Ask about mother's living situation and family support for her choice of feeding method.

9. Help the mother decide how to feed her infant as shown in following table.

If an HIV positive mother:	And	Counsel her to:
Wants to breastfeed	Is able and willing to use animal milk or commercial infant formula	<ol style="list-style-type: none"> 1) Breastfeed exclusively for 3 months or less. 2) Protect herself from sexually transmitted diseases through: <ul style="list-style-type: none"> ▪ Abstinence or ▪ Consistent use of condoms during sex 3) Stop breast milk abruptly at 3 months or earlier if possible. 4) Feed only animal milk or commercial infant formula from 3 months (or earlier) to 6 months. 5) Feed animal milk or commercial infant formula and give complementary food from 6 to 24 months.
Chooses not to breastfeed	Is able and willing to use commercial infant formula or animal milk	<ol style="list-style-type: none"> 1) Use commercial infant formula or animal milk from birth to 6 months. 2) Use infant formula or animal milk and give complementary foods from 6 to 24 months.
Wants to breastfeed	Is <u>not</u> able or willing to use animal milk or commercial infant formula.	<ol style="list-style-type: none"> 1) Breastfeed exclusively for only 6 months or less (no other food or drink, except prescribed medications). 2) Stop breastfeeding abruptly at 6 months. 3) Give only complementary foods from 6 to 24 months. 4) Protect herself from sexually transmitted diseases through: <ul style="list-style-type: none"> ▪ Abstinence or ▪ Consistent use of condoms during sex

SECTION 2: Counseling an HIV positive mother how to exclusively breastfeed

During antenatal visits

1. Tell the mother that it is important to put the infant to the breast within 30 minutes of delivery.
2. Explain the importance of colostrum:
 - It gives the baby exactly what it needs for the first few days.
 - It provides protection for the infant against common infections that cause diarrhea and respiratory diseases.
 - It helps the baby's intestines to mature.
3. Tell mother what exclusive breastfeeding means.
 - Give **only** breast milk to infant
 - **Do not** give any other foods, drinks or water, except prescribed medications.
4. Emphasize that **giving water or other foods with breast milk increases the risk** of passing HIV to the infant.
5. Explain how breastfeeding increases milk production:
 - When the baby sucks the breast; the body makes more milk for the next feeding
 - The more the baby breastfeeds, the more milk a mother will produce

Giving pacifiers or dummies reduces the number of times the baby sucks the breast and can affect milk supply.

6. Encourage mothers to eat more food while they are pregnant and breastfeeding.

SECTION 3: Counseling an HIV positive mother how to exclusively breastfeed



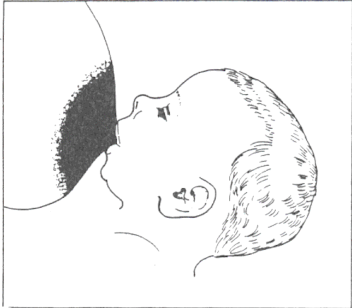
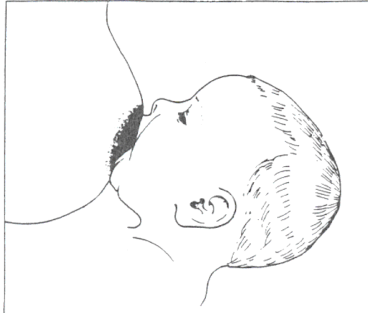
During post natal visits

1. Ask if the mother is breastfeeding.
2. Counsel mother on how to exclusively breastfeed:
 - The baby should feed whenever it wants to, from birth.
 - The baby should feed from **both** breasts
 - The baby should **empty** the first breast before you offer the second breast
 - The baby should **not** be given other foods or water, except prescribed medications.
3. Emphasize that **giving water or other foods with breast milk increases the risk** of passing HIV to the infant.
4. Explain how breastfeeding increases milk production
 - When the baby sucks the breast; the body makes more milk for the next feeding
 - The more the baby breastfeeds, the more milk a mother will produce

Giving pacifiers or dummies reduces the number of times the baby sucks the breast and can affect milk supply.

5. Encourage mother to eat more food while she is breastfeeding.

6. Observe how mother is breastfeeding and correct poor positioning or attachment.

If the baby is:	Show mother:
<p><u>Not</u> positioned correctly:</p> <ul style="list-style-type: none"> ▪ Baby's tummy is not flat against mother's 	<p><u>Correct positioning</u></p>  <ul style="list-style-type: none"> ▪ Baby is facing mother and is close to her. ▪ Baby's tummy is flat against mother's tummy.
<p><u>Not</u> properly attached to the breast:</p> <ul style="list-style-type: none"> ▪ Baby looks like is sucking a straw ▪ Baby's mouth does not cover areola 	<p><u>Correct Attachment</u></p> <ul style="list-style-type: none"> ▪ Baby's chin is touching the breast. ▪ Baby's mouth covers all the areola (dark skin around the nipple). ▪ Baby's lower lip is curled outward 

7. Help mother to solve common problems that can affect exclusive breastfeeding and transmission of HIV.

If a mother says:	Tell her:
“My breast milk has not come in.”	<ol style="list-style-type: none"> 1) Continue to breastfeed, and the milk will come in. 2) Do not let more than 3 to 4 hours pass without feeding.
“ I do not have enough milk for my baby.”	<ol style="list-style-type: none"> 1) The more the baby sucks, the more milk she will make. 2) Feed the baby more frequently and for a longer time. 3) Let the baby completely empty one breast then start on the other when feeding. 4) Do not give any food or water to the baby, except prescribed medications.
“ My baby is fussy and cries a lot.”	<ol style="list-style-type: none"> 1) Breastfeed on demand – some babies just need to suck. 2) Make sure the baby gets enough by letting him empty both breasts. 3) Hold the baby, he may be lonely, uncomfortable or afraid.
“My breast hurt when the baby feeds.”	<ol style="list-style-type: none"> 1) Place the baby ‘s tummy flat against yours when feeding– tummy-to-tummy. The baby should not have to turn his head to feed. 2) Place the entire (or most of) areola in the baby’s mouth (correct attachment). 3) If there are white spots on the baby’s tongue or mouth, go to the health center. <div data-bbox="746 1906 1449 1973"> Note: Check if mother’s nipples are cracked. </div>

If a mother says:	Tell her:
“My nipples are cracked”	<ol style="list-style-type: none"> 1) Wash her nipples only with water. 2) Do not use any soaps, sprays or medicine on the breast. 3) Expose the nipples to the air and sun as much as possible. 4) Give baby heat-treated expressed breast-milk from the sick breast (see bottom of this page). 5) Let baby breastfeed from the normal breast.
“My breast is swollen and painful”	<ol style="list-style-type: none"> 1) Make sure the baby is properly attached. 2) Stick the painful breast in a pan of warm water and gently massage the lump towards the nipple to help empty the breast. 3) Feed the baby frequently from the painful breast (the breast needs to be emptied) 4) If baby is unable to feed (sick, oral thrush), prepare heat-treated expressed breast milk (see instructions below). 5) If the breast becomes worse, go to a health clinic.
“ Baby is low birth weight or unable to feed”	<p>How to prepare heat-treated expressed breast milk:</p> <ul style="list-style-type: none"> ▪ Wash hands with soap and clean water ▪ Express as much breast milk as possible into a clean container ▪ Bring to a boil the expressed breast milk, then cool immediately ▪ Give the infant as much milk as it can drink per feed ▪ Pour away any leftover breast milk

8. Explain when to stop breast milk.

If an HIV positive mother is:	Tell her to:
Willing and able to use animal milk or commercial infant formula	Stop breast milk abruptly when infant is 3 months or less.
<u>Not</u> willing or able to use animal milk or commercial infant formula	Stop breast milk abruptly when infant is 6 months or less.

9. Explain how to stop breast milk abruptly:

- a) Express breast milk and give to baby using cup especially during the day

Helpful hint:

Let a close relative or other responsible person staying with you give the baby your expressed breast milk in a cup.

- b) Breastfeed during the night.
- c) Increase the number of breast milk feeds from the cup, while decreasing the number of breastfeeding gradually over a period of 2 weeks.
- d) Learn how to prepare animal milk or commercial infant formula

Important:

Ensure you have a reliable supply of replacement feeding (animal milk or commercial infant formula).

- e) Stop breast milk abruptly when the baby is used to feeding from the cup.

Helpful hint:

Hold the baby more often for comfort when you stop breastfeeding.

10. Introduce complementary foods when baby is 6 months.

SECTION 4: Helping an HIV positive mother to prepare animal milk for feeding her infant

During postnatal visits

A. Decide when to talk to the mother about how to prepare animal milk.

1. Ask if the mother plans to use animal milk after breastfeeding her infant.
2. Ask if the mother can afford animal milk.
3. If she says yes, ask if she has good support for using animal milk to feed her baby.
4. Decide if it is a good time to talk to the mother about preparing animal milk.

If a mother is:	Then:
Still breastfeeding but plans to use animal milk	Tell her how to stop breast milk abruptly (see page 12)
Not breastfeeding and is ready to use animal milk.	Tell her how to prepare animal milk.

B. Tell mother how to prepare animal milk for her infant.

1. Have ready the following materials:
 - ❑ Fresh clean animal milk
 - ❑ Boiled, clean water
 - ❑ 2-liter jar with a tight cover
 - ❑ 2 cups without covers
 - ❑ 1 larger, clear, marked container to measure 100 mls
 - ❑ 1 teaspoon
 - ❑ 1 clean mat or other material on which to place the clean utensils
 - ❑ 2 teaspoonfuls of sugar for each feeding

2. Tell mother how to prepare animal milk using instructions below.
3. Observe her as she prepares the milk and correct any errors.

If the mother:	Then
Buys from vendors animal milk that is already <u>diluted</u> .	<p>Tell mother how to prepare <u>diluted</u> animal milk</p> <ol style="list-style-type: none"> 1) Wash your hands with soap and water. 2) Boil the milk and cool it. 3) Measure the amount to feed the baby (see table on page 15)
Uses undiluted, fresh animal milk	<ol style="list-style-type: none"> 1) Show the mother the materials she needs to prepare <u>modified</u> animal milk. 2) Tell the mother to always obtain undiluted, fresh milk from a reliable source. 3) Tell the mother to prepare the animal milk using the following steps. <ul style="list-style-type: none"> ▪ Wash her hands and utensils with soap and water. ▪ Measure 100 mls of milk ▪ Put the milk into a clean jug ▪ Add 50 mls of clean, boiled water that has cooled ▪ Add 2 teaspoonfuls of sugar ▪ Mix and boil the milk ▪ Let the milk cool 4) Measure the amount of milk to feed the baby (see page 15)

4. Explain how much milk to feed the baby.

If baby's weight is:	<u>Or</u> The baby is:	Then tell the mother to:
3 Kg	1 month old	<ul style="list-style-type: none"> ▪ Use 450 ml of milk in a 24 hour period ▪ Give about 60 ml of milk per feed ▪ Feed the baby at least 8 times in 24 hours
4 Kg	2 months old	<ul style="list-style-type: none"> ▪ Use 600 ml of milk in a 24 hour period ▪ Give about 90 ml of milk per feed ▪ Feed the baby at least 7 times in 24 hours
5 Kg	3 – 4 months	<ul style="list-style-type: none"> ▪ Use 750 ml of milk in a 24 hour period ▪ Give about 120 ml of milk per feed ▪ Feed the baby at least 6 times in 24 hours
6 Kg	5 – 6 months	<ul style="list-style-type: none"> ▪ Use 900 ml of milk in a 24 hour period ▪ Give about 150 ml of milk per feed ▪ Feed the baby at least 6 times in 24 hours

Note:

1. The amounts above are only a guide as some babies are better feeders than others
2. An adequately fed baby will gain weight and pass urine 7 to 8 times in a 24-hour period.

C. Explain how to use a cup to feed her baby.

1. Mention that using a spoon to feed the baby is too slow and may discourage the mother and baby.
2. Tell the mother to feed the baby using a cup (**without a cover or teat**) following the steps below:
3. Observe the mother and correct any errors.



Step 1: Hold the baby upright or almost upright on your lap.

Step 2: Hold the cup of milk to the baby's lips.

Step 3: Rest the cup lightly on the baby's bottom lip.

Step 4: Tilt the cup so that the milk just reaches the baby's lips.

Do not pour the milk into the baby's mouth

Step 5: Hold the cup to the baby's lips and let the baby take the milk at his or her own pace.

<p>SECTION 5: Helping an HIV positive mother to prepare <u>commercial infant formula</u> for feeding her infant</p> <p>During postnatal visits</p>
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A. Decide when to talk to the mother about how to prepare commercial infant formula.

1. Ask if the mother plans to use commercial infant formula after breastfeeding her infant.
2. Ask if the mother can afford infant formula milk.
3. If yes, ask if she has good support for using infant formula to feed her baby.
4. Decide if it is a good time to talk to the mother about preparing infant formula milk.

If the mother is:	Then:
Still breastfeeding but plans to use infant formula.	Tell her how to stop breast milk abruptly (see page 12)
Not breastfeeding and is ready to use infant formula.	Tell how to prepare infant formula.

B. Tell mother how to prepare infant formula for her infant.

1. Have ready the following materials:
 - A tin of Commercial infant formula that meets the Standards of the International Code of Marketing Breast milk Substitutes.
 - Boiled, clean water
 - 2 liter jar with a tight cover
 - 2 cups without covers
 - 1 larger, clear, marked container to measure 100 mls
 - 1 spoon to stir the mixture

2. Tell mother how to prepare infant formula following instructions on the tin of commercial infant formula. (**Note:** You may need to interpret for her).
3. Observe the mother as she prepares the milk and correct any errors
4. Tell her to observe cleanliness at all stages of preparation and feeding.
5. Explain how much milk to feed a baby (see table on page 15).

C. Explain how to use a cup to feed her baby.

1. Mention that using a spoon to feed the baby is too slow and may discourage the mother and baby.
2. Tell the mother to feed the baby using a cup (**without a cover** or teat) following the steps below.
3. Observe the mother and correct any errors.



Step 1: Hold the baby upright or almost upright on your lap.

Step 2: Hold the cup of milk to the baby's lips.

Step 3: Rest the cup lightly on the baby's bottom lip.

Step 4: Tilt the cup so that the milk just reaches the baby's lips.

Do not pour the milk into the baby's mouth

Step 5: Hold the cup to the baby's lips and let the baby take the milk at his or her own pace.

SECTION 6: Helping a mother with unknown HIV status decide how to feed her infant
During antenatal and postnatal visits

1. Explain the benefits of breastfeeding.
 - Contains everything a baby needs, including enough water
 - Provides antibodies and vitamins to protect baby from infection
 - Is easy, and less costly.
2. Ask her what she knows about mother to child transmission of HIV
3. Explain that HIV can be transmitted to a child of an HIV positive mother through breastfeeding.
4. Explain the risks of artificial feeding:
 - Higher risk of infections for the infant
 - No transfer of mother's protective antibodies and vitamins
 - Expensive, and, family needs fuel for boiling the water
 - If not prepared properly can cause malnutrition
 - Breaks confidentiality and may increase stigma for mother
5. Explain the risks of breastfeeding for **HIV positive** women
 - HIV can be passed to the infant through breast milk
 - The risk of transmission is higher if the mother gets the HIV infection when she is breastfeeding
 - The risk of transmission of HIV is higher the longer the duration of breastfeeding.
6. Explain that exclusive breastfeeding means giving the baby **breast milk only** without any other foods, drinks or water (except prescribed medications).
7. Explain that mixed feeding (giving breast milk plus other foods or drinks) for infants born to HIV positive women increases the risk of transmission of HIV.

8. If the mother is HIV negative or her status unknown, counsel her to
 - Breastfeed exclusively for 6 months.
 - Continue breastfeeding and give complementary foods from 6 to 24 months.
 - Protect herself from getting HIV during the time she is breastfeeding through:
 - Abstinence or
 - Consistent use of condoms during sex.
9. Encourage mother to eat more food while pregnant and breastfeeding.
10. Ask mother if she wants to know her HIV status
11. If she says yes, refer her to the nearest voluntary counseling and testing (VCT) center.

